Entered 06/06/11 20:16:27 Case 11-13131-KCF Doc 24 Filed 06/06/11 Desc Main Document Page 1 of 11 UNITED STATES BANKRUPTCY COURT **DISTRICT OF NEW JERSEY** Law Office of Michael P. Otto, LLC 1030 Stelton Road, Suite 102 Piscataway, New Jersey 08854 By: Michael P. Otto (MPO7635) (732) 819-7000 Counsel for the Debtors Case No. 11-13131(KCF) In re Lisa Cotone-Smith, Hearing Date: Debtor. Judge: KCF AMENDMENT TO SCHEDULES, LIST OF CREDITORS or OTHER Please specify the List or Schedule(s) to be amended: **Schedule A - Real Property Schedule B - Personal Property** Schedule C - Property Claimed as Exempt **Schedule D - Creditors Holding Secured Claims Schedule E - Creditors Holding Unsecured Priority Claims** Schedule F - Creditors Holding Unsecured Non-Priority Claims Schedule G - Executory Contracts and Unexpired Leases **Schedule H - Codebtors Schedule I - Current Income of Individual Debtor(s) Schedule J - Current Expenditures of Individual Debtor(s) List of Creditors**

Other: Official Form 22C & First Modified Chapter 13 Plan

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Case 11-13131-KCF	Doc 24			11 20:16:27	Desc Main
The schedule or list in	dicated ab	Document ove, having bee	n previously filed, is	amended as foll	lows: (List
name and address of	creditors b	eing added or d	leleted and indicate	same; please us	e separate
sheet if necessary):					
CREDITOR					OUNT
NAME AND ADDRE	<u>ESS</u>	CON	<u>NSIDERATION</u>	<u>DUI</u>	<u> </u>
I hereby certify unde	r penalty o	of perjury that t	the above information	on is correct.	
Dated: <u>6/3/2011</u>	_Debtor's	signature: <u>/S/</u>	Lisa Cotone-Smith		
Dated:	Debtor's	signature:			

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Lisa Cotone-Smith	According to the calculations required by this statement: The applicable commitment period is 3 years.
Debtor(s)	$\overrightarrow{\mathbf{J}}$ The applicable commitment period is 5 years.
()	$\overrightarrow{\mathbf{V}}$ Disposable income is determined under § 1325(b)(3).
Case Number: 11-13131	Disposable income not determined under § 1325(b)(3).
(If known)	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedule I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I. REPOR	T OF INCOME				
	a. 🔲	/filing status. Check the box that applies and compl Unmarried. Complete only Column A ("Debtor's Inco Married. Complete both Column A ("Debtor's Inco	ncome") for Lines 2-10.				
1	six cale	res must reflect average monthly income received fr ndar months prior to filing the bankruptcy case, endi he filing. If the amount of monthly income varied d he six-month total by six, and enter the result on the	ing on the last day of the month uring the six months, you must	2	D	olumn A Debtor's Income	Column B Spouse's Income
2	Gross v	vages, salary, tips, bonuses, overtime, commission	s.		\$	9,528.56	\$ 4,589.08
3	and enter business Do not	from the operation of a business, profession or fact the difference in the appropriate column(s) of Line is, profession or farm, enter aggregate numbers and penter a number less than zero. Do not include any pon Line b as a deduction in Part IV. Gross receipts Ordinary and necessary business expenses	e 3. If you operate more than one provide details on an attachment.				
	c.	Business income	Subtract Line b from Line a		\$	0.00	\$ 0.00
	the appr	nd other real property income. Subtract Line b from the copriate column(s) of Line 4. Do not enter a number the operating expenses entered on Line b as a decorate.	less than zero. Do not include a				
4	a.	Gross receipts	\$ 0.00				
	b.	Ordinary and necessary operating expenses	\$ 0.00				
	c.	Rent and other real property income	Subtract Line b from Line a		\$	0.00	\$ 0.00
5	Interest	t, dividends and royalties.			\$	0.00	\$ 0.00
6	Pension	and retirement income.			\$	0.00	\$ 0.00
7	expense purpose debtor's	sounts paid by another person or entity, on a regular so of the debtor or the debtor's dependents, included. Do not include alimony or separate maintenance personance. Each regular payment should be reported in Column A, do not report that payment in Column B.	ling child support paid for that payments or amounts paid by the n only one column; if a payment it	- 1	\$	0.00	\$ 0.00

2

8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$\(\bigcup 0.00 \) Spouse \$\(\bigcup 0.00 \)	\$ 0.00	\$ 0.00
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. a.	\$ 0.00	\$ 0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$ 9,528.56	\$ 4,589.08
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$	14,117.64
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PER	RIOD	
12	Enter the Amount from Line 11.		\$ 14,117.64
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT pair regular basis for the household expenses of you or your dependents and specify, in the lines below for excluding this income (such as payment of the spouse's tax liability or the spouse's support of other than the debtor or the debtor's dependents) and the amount of income devoted to each purponecessary, list additional adjustments on a separate page. If the conditions for entering this adjust apply, enter zero. a.	e of your id on a v, the basis persons ose. If	\$ 0.00
14	Subtract Line 13 from Line 12 and enter the result.		\$ 14,117.64
15	Annualized current monthly income for §1325(b)(4). Multiply the amount from Line 14 by the 12 and enter the result.	number	
16	Applicable median family income. Enter the median family income for the applicable state and hot size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the court.)		\$169,411.68
	a. Enter debtor's state of residence: b. Enter debtor's household size:	<u> </u>	\$108,606.00
17	Application of §1325(b)(4). Check the applicable box and proceed as directed. The amount on Line 15 is less than the amount on Line 16. Check the box for "The application 3 years" at the top of page 1 of this statement and continue with this statement. The amount on Line 15 is more than the amount on Line 16. Check the box for "The application is 5 years" at the top of page 1 of this statement and continue with this statement.		
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSA	BLE INCO	ME
18	Enter the Amount from Line11.		\$ 14 117 64

								3
19	Marital adjustment. If you are of any income listed in Line 10, 0 of the debtor or the debtor's deperincome (such as payment of the sor the debtor's dependents) and the adjustments on a separate page. a. b. c. Total and enter on Line 19.	Column B that was ndents. Specify, in pouse's tax liability to amount of incomments of the control of the contr	NOT the l or the	paid on a regular basis for ines below, the basis for exc as spouse's support of perso roted to each purpose. If ne	the household expe cluding the Column as other than the decessary, list addition	nses B ebtor	\$	0.00
20	Current monthly income for §	1325(b)(3). Subtra	ct Li	ne 19 from Line 18 and ente	er the result.		\$ 1	14,117.64
21	Annualized current monthly in number 12 and enter the result.	ncome for §1325(b)(3) .	Multiply the amount from	Line 20 by the		\$ 16	59,411.68
22	Applicable median family inco	me. Enter the am	ount	from Line 16.			\$ 10	08,606.00
23	under §1325(b)(3)" at the tog The amount on Line 21 is a determined under §1325(b)(nore than the amore p of page 1 of this sonot more than the 3)" at the top of page 1.	ount (stater amo	on Line 22. Check the box nent and complete the remaint on Line 22. Check the	ning parts of this so box for "Disposable	tatement le incom	nt. me is	not
	Part IV. CA	LCULATION	OF	DEDUCTIONS FRO	M INCOME			
	Subpart A: Deduc	tions under Sta	nda	rds of the Internal Re	venue Service ((IRS)		
24A	miscellaneous. Enter in line 24 Expenses for the applicable num the clerk of the bankruptcy court	A the "Total" amou ber of persons. (Th .) The applicable r	int fr is inf iumb	om IRS National Standards ormation is available at ww er of persons is the number	for Allowable Living w.usdoj.gov/ust/ or that would currently	from y be	\$	1,639.00
24B	of-Pocket Health Care for person of-Pocket Health Care for person www.usdoj.gov/ust/ or from the opersons who are under 65 years of years of age or older. (The application that would currently be allowed a additional dependents whom you under 65, and enter the result in I	s under 65 years of s 65 years of age of elerk of the bankrup f age, and enter in cable number of per s exemptions on your support.) Multiple Line c1. Multiply L	age, oldeotcy co Line csons our fe y line a	and in Line a2 the IRS Nati r. (This information is avai ourt.) Enter in Line b1 the b2 the applicable number of in each age category is the deral income tax return, plue a1 by Line b1 to obtain a total 2 by Line b2 to obtain a total	onal Standards for lable at applicable number persons who are 6 number in that cate is the number of anyotal amount for personal amount for person	Out- of 5 gory y sons ns 65		
	Persons under 65 years of age		Pers	ons 65 years of age or olde	r			
The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income determined under §1325(b)(3)" at the top of page 1 of this statement and continue with Part VII of this statement complete Parts IV, V or VI. Part IV. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are e65 years of age or older. (The applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. Add Lin								
	r · · · · · · · · · · · · · · · · · · ·			*				
	c1. Subtotal	300.00	c2.	Subtotal	0.00		\$	300.00
25A	Local Standards: housing and u Utilities Standards; non-mortgage available at www.usdoj.gov/ust/ consists of the number that would the number of any additional dep	e expenses for the a or from the clerk of d currently be allow	ipplic the l red as	able county and family size cankruptcy court.) The apple s exemptions on your federa	. (This information icable family size	is	\$	740.00

25B	IRS H is ava- consist the nu Month	Standards: housing and utilities; mortgage/rent expense. Enter fousing and Utilities Standards; mortgage/rent expense for your could allow at www.usdoj.gov/ust/ or from the clerk of the bankruptcy counts of the number that would currently be allowed as exemptions on amber of any additional dependents whom you support); enter on Lindy Payments for any debts secured by your home, as stated in Line the result in Line 25B. Do not enter an amount less than zero.	anty and far urt) (the ap your feder one b the to 47; subtrace	mily size (this information plicable family size al income tax return, plu tal of the Average	on .s	
	a.	IRS Housing and Utilities Standards; mortgage/rental expense	<u> </u> \$	1,779.00		
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$	2,797.47		
	c.	Net mortgage/rental expense	Subtract I	Line b from Line a.	\$	0.00
26	and 2: Utiliti	Standards: housing and utilities; adjustment. If you contend the 5B does not accurately compute the allowance to which you are entered es Standards, enter any additional amount to which you contend you contention in the space below:	itled under	the IRS Housing and	r \$	0.00
27A	expen regard Check are in If you Trans Local Statist	Standards: transportation; vehicle operation/public transportation see allowance in this category regardless of whether you pay the expelless of whether you use public transportation. It the number of vehicles for which you pay the operating expenses cluded as a contribution to your household expenses in Line 7. In checked 0, enter on Line 27A the "Public Transportation" amount portation. If you checked 1 or 2 or more, enter on Line 27A the "Operation of the applicable number of vehicles in tical Area or Census Region. (These amounts are available at www.nkruptcy.court.)	or for whice from IRS I perating Co the applica	perating a vehicle and W YORK In the operating expenses of 1 1 2 2 or more. Local Standards: Sests' amount from IRS Tolelable Metropolitan		884.00
27B	Local expen additi	Standards: transportation; additional public transportation exsess for a vehicle and also use public transportation, and you content on al deduction for your public transportation expenses, enter on Lint from the IRS Local Standards: Transportation. (This amount is a	d that you and the description of the description o	are entitled to an "Public Transportation"		
		the clerk of the bankruptcy court.)		· 	\$	0.00
28	which two ve Enter, (avail Avera	Average Monthly Payment for any debts secured by Vehicle as stated in Line 47	RS Local Strt); enter ir in Line 47 a zero.	se expense for more than andards: Transportation a Line b the total of the	\$	0.00
		· · · · · · · · · · · · · · · · · · ·	•		·	

there, in Line a below, the "Ownership Costs" for "One Car" from the IRS vailable at www.usdoj.gov/ust/ or from the clerk of the bankruptcy courty verage Monthly Payments for any debts secured by Vehicle 2, as stated in ne a and enter the result in Line 29. Do not enter an amount less than 2 a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2 ther Necessary Expenses: taxes. Enter the total average monthly expenses federal, state and local taxes, other than real estate and sales taxes, such xes, social security taxes, and Medicare taxes. Do not include real estate	se that you actually incur for all for as income taxes, self-employment	\$	
b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2 ther Necessary Expenses: taxes. Enter the total average monthly expense federal, state and local taxes, other than real estate and sales taxes, such axes, social security taxes, and Medicare taxes. Do not include real estate	\$ 0.00 Subtract Line b from Line a. se that you actually incur for all for as income taxes, self-employment	\$	
b. as stated in Line 47 c. Net ownership/lease expense for Vehicle 2 ther Necessary Expenses: taxes. Enter the total average monthly expense federal, state and local taxes, other than real estate and sales taxes, such axes, social security taxes, and Medicare taxes. Do not include real estate	Subtract Line b from Line a. se that you actually incur for all for as income taxes, self-employment	\$	
ther Necessary Expenses: taxes. Enter the total average monthly expense federal, state and local taxes, other than real estate and sales taxes, such xes, social security taxes, and Medicare taxes. Do not include real estate	se that you actually incur for all for as income taxes, self-employment	\$	
federal, state and local taxes, other than real estate and sales taxes, such xes, social security taxes, and Medicare taxes. Do not include real estate	as income taxes, self-employment		0.00
then Necessary E-manage involved and destions for any learness E		\$	3,279.42
ther Necessary Expenses: involuntary deductions for employment. E ductions that are required for your employment, such as mandatory retired uniform costs. Do not include discretionary amounts, such as volun	ement contributions, union dues,	\$	1,091.16
ther Necessary Expenses: life insurance. Enter total average monthly makes insurance for yourself. Do not include premiums for insurance for any other form of insurance.	on your dependents, for whole life	\$	60.00
ther Necessary Expenses: court-ordered payments. Enter the total more pay pursuant to the order of a court or administrative agency, such as spot include payments on past due support obligations included in Line	ousal or child support payments. Do	\$	0.00
ther Necessary Expenses: education for employment or for a physical ter the total monthly amount that you actually expend for education that reducation that is required for a physically or mentally challenged depertucation providing similar services is available.	is a condition of employment and	\$	0.00
ther Necessary Expenses: childcare. Enter the total average monthly ar ildcare—such as baby-sitting, day care, nursery and preschool. Do not in syments.		\$	0.00
ther Necessary Expenses: health care. Enter the total average monthly health care that is required for the health and welfare of yourself or your insurance or paid by a health savings account, and that is in excess of the tinclude payments for health insurance or health savings accounts lead to the savings accounts account lead to the savings accounts lead to the savings accounts accounts account lead to the savings ac	r dependents, that is not reimbursed ne amount entered in Line 24B. Do	\$	0.00
	elephone and cell phone service – vice—to the extent necessary for	\$	0.00
tually pay for telecommunications services other than your basic home to ch as pagers, call waiting, caller id, special long distance, or internet serv		\$	7,993.58
	Necessary Expenses: telecommunication services. Enter the total pay for telecommunications services other than your basic home t pagers, call waiting, caller id, special long distance, or internet services.	Necessary Expenses: telecommunication services. Enter the total average monthly amount that you pay for telecommunications services other than your basic home telephone and cell phone service—pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for ealth and welfare or that of your dependents. Do not include any amount previously deducted. Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37. Subpart B: Additional Living Expense Deductions	Necessary Expenses: telecommunication services. Enter the total average monthly amount that you pay for telecommunications services other than your basic home telephone and cell phone service – pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for ealth and welfare or that of your dependents. Do not include any amount previously deducted.

			urance, and Health Savings Accor					
		enses in the categories set out in dependents.	in lines a-c below that are reasonable	y necessary fo	or yours	elf, your spouse, or		
	a	1		\$ 14	46.19			
	b			\$	0.00			
39	С	. Health Savings Accoun	t	\$	0.00			
	Tota	l and enter on Line 39					\$	146.19
	-		is total amount, state your actual to	tal average m	onthly e	expenditures in the		
	spac	e below: 5						
	Con	tinued contributions to the c	are of household or family memb	ers. Enter the	total av	erage actual		
40			ntinue to pay for the reasonable and					
			member of your household or mem Do not include payments listed in		mmediat	e family who is	\$	0.00
			ce. Enter the total average reasonable		nonthly	ovnonces that you	Ψ	
41			ty of your family under the Family					
			nature of these expenses is required				\$	0.00
			al average monthly amount, in exce					
42		<u> </u>	s that you actually expend for home			_		
		trustee with documentation ount claimed is reasonable ar	of your actual expenses, and you nd necessary.	must demon	strate ti	nat the additional	\$	0.00
			nt children under 18. Enter the tota	l average moi	nthly exi	penses that you		
			92* per child, for attendance at a pr					
43			less than 18 years of age. You mus					
			penses, and you must explain why ccounted for in the IRS Standard		claimed	i is reasonable	\$	0.00
		<u>·</u>	pense. Enter the total average month		which y	vour food and		
			bined allowances for food and cloth					
44			5% of those combined allowances.					
		w.usdoj.gov/ust/ or from the ci ount claimed is reasonable ar	erk of the bankruptcy court.) You n nd necessary.	iust demonst	rate tha	u the additional	\$	60.00
	Cha	ritable contributions. Enter	the amount reasonably necessary for	or you to expe	end each	month on		
45			n of cash or financial instruments to					
	26 L	J.S.C. § 170(c)(1)-(2). Do not	include any amount in excess of	15% of your	gross m	onthly income.	\$	150.00
46	Tota	l Additional Expense Deduc	tions under § 707(b). Enter the total	al of Lines 39	through	45.	\$	356.19
			Subpart C: Deductions for De	ebt Payment				
	Futi	re payments on secured cla	ims. For each of your debts that is s	ecured by an i	interest i	in property that		
	you	own, list the name of creditor,	identify the property securing the d	ebt, and state	the Ave	rage Monthly		
			ayment includes taxes and insurance					
			ontractually due to each Secured Colled by 60. If necessary, list addition					
		of the Average Monthly Payn			· · · · · ·	1.6		
	_			1				
47		Name of Creditor	Property Securing the Debt	Average Monthl		Does payment include taxes or		
				Paymer		insurance?		
	a.	Aurora Loan Services	Residence		329.53	yes no		
	b.			\$	0.00	□ yes v no		
	c.	Ford Motor Credit	2005 Ford Explorer	+	544.39	yes Vno		
	 			Total: Add				
				a, b and c			\$	2,873.92

48	a m incl to th incl	notor vehicle, or other property is lude in your deduction 1/60th of the payments listed in Line 47, is lude any sums in default that mu	ns. If any of debts listed in Line 47 are sheecessary for your support or the support any amount (the "cure amount") that your order to maintain possession of the project be paid in order to avoid repossession. If necessary, list additional entries on	rt of your dependents, you may you must pay the creditor in addition operty. The cure amount would on or foreclosure. List and total any		
		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount		
	a.	Aurora Loan Servicing	Residence	\$ 897.88		
	b.	Ford	Explorer	\$ 9.06		
	c.			\$ 0.00		
48				Total: Add Lines a, b and c	\$	006.05
40	Pas	ments on prepetition priority	claims. Enter the total amount, divided	hy 60 of all priority claims, such as	<u> </u>	906.95
49	pric	ority tax, child support and alim	ony claims, for which you were liable as, such as those set out in Line 33.		\$	66.23
	ı	apter 13 administrative expendituding administrative expense.	ses. Multiply the amount in Line a by the	he amount in Line b, and enter the		
	a.	Projected average monthly	Chapter 13 plan payment.	\$ 1,626.00		
50	b.	schedules issued by the Ex	district as determined under ecutive Office for United States is available at www.usdoj.gov/ust/ hkruptcy court.)	8.5 %		
	c.		rative expense of Chapter 13 case	Total: Multiply Lines a and b	\$	138.21
51	Tot	al Deductions for Debt Paymo	ent. Enter the total of Lines 47 through	50.	\$	3,985.31
			Subpart D: Total Deductions from	Income		
52	Tot	al of all deductions from inco	me. Enter the total of Lines 38, 46, and	51.	\$	12,335.08
		Part V. DETERMIN	NATION OF DISPOSABLE IN	COME UNDER § 1325(b)(2)		
53	Tot	al current monthly income. E	Inter the amount from Line 20.		\$	14,117.64
54	disa	ability payments for a dependen	ly average of any child support payment child, reported in Part I, that you receit asonably necessary to be expended for	ived in accordance with applicable	\$	0.00
55	wag	ges as contributions for qualified	Enter the monthly total of (a) all amound retirement plans, as specified in § 541 at plans, as specified in § 362(b)(19).		\$	1,241.50
	Tot	al of all deductions allowed u	nder § 707(b)(2). Enter the amount from	m Line 52.	\$	12,335.08
56					1 '	
56	Dec whi a-c Lin pro	ch there is no reasonable altern below. If necessary, list addition e 57. You must provide your	ces. If there are special circumstances ative, describe the special circumstance anal entries on a separate page. Total the case trustee with documentation of the the special circumstances that make	es and the resulting expenses in lines e expenses and enter the total in neses expenses and you must		
	Dec whi a-c Lin pro	ich there is no reasonable altern below. If necessary, list addition e 57. You must provide your ovide a detailed explanation of	ative, describe the special circumstance and entries on a separate page. Total the case trustee with documentation of the the special circumstances that make	es and the resulting expenses in lines e expenses and enter the total in neses expenses and you must		
56	Dec whi a-c Lin pro	ich there is no reasonable altern below. If necessary, list addition e 57. You must provide your ovide a detailed explanation of sonable.	ative, describe the special circumstance and entries on a separate page. Total the case trustee with documentation of the the special circumstances that make	es and the resulting expenses in lines e expenses and enter the total in neses expenses and you must such expenses necessary and		
	Dec whi a-c Lin pro rea	ich there is no reasonable altern below. If necessary, list addition e 57. You must provide your ovide a detailed explanation of sonable. Nature of specia	ative, describe the special circumstance and entries on a separate page. Total the case trustee with documentation of the the special circumstances that make	es and the resulting expenses in lines e expenses and enter the total in neses expenses and you must such expenses necessary and Amount of expense		
	Dec whi a-c Lin pro rea	ich there is no reasonable altern below. If necessary, list addition e 57. You must provide your ovide a detailed explanation of sonable. Nature of specia	ative, describe the special circumstance and entries on a separate page. Total the case trustee with documentation of the the special circumstances that make	s and the resulting expenses in lines e expenses and enter the total in heses expenses and you must such expenses necessary and Amount of expense		

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58	Total the re	adjustments to determine disposable income. Add the amounts on Lines 54, 55, sult.	56 and 57 and enter	\$ 13,	576.58
59	Mont	thly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and	enter the result.	\$	541.06
		Part VI: ADDITIONAL EXPENSE CLAIMS	S		
	and w	Expenses. List and describe any monthly expenses, not otherwise stated in this felfare of you and your family and that you contend should be an additional deduct § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All all expense for each item. Total the expenses.	ion from your current figures should reflect	monthly	income
60		Expense Description	Monthly Amount		
	a.		\$ 0.00		
	b.		\$ 0.00		
	c.		\$ 0.00		
		Total: Add Lines a, b and c	0.00		
		Part VII: VERIFICATION			
61	both	are under penalty of perjury that the information provided in this statement is true debtors must sign.) Date: /s/ Lisa Cotone-Smith (Debtor)	and correct. (If this a	joint case	2,

(Joint Debtor, if any)

_____ Signature: ___

Income Month 1			Income Month 2		
Gross wages, salary, tips	9,528.56	4,589.08	Gross wages, salary, tips	9,528.56	4,589.0
Income from business	0.00	0.00	Income from business	0.00	0.0
Rents and real property income	0.00	0.00	Rents and real property income	0.00	0.0
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0.0
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.0
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.0
Unemployment	0.00	0.00	Unemployment	0.00	0.0
Other Income	0.00	0.00	Other Income	0.00	0.0
Income Month 3			Income Month 4		
Gross wages, salary, tips	9,528.56	4,589.08	Gross wages, salary, tips	9,528.56	4,589.0
Income from business	0.00	0.00	Income from business	0.00	0.0
Rents and real property income	0.00	0.00	Rents and real property income	0.00	0.0
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0.0
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.0
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.0
Unemployment	0.00	0.00	Unemployment	0.00	0.0
Other Income	0.00	0.00	Other Income	0.00	0.0
Income Month 5			Income Month 6		
Gross wages, salary, tips	9,528.56	4,589.08	Gross wages, salary, tips	9,528.56	4,589.0
Income from business	0.00	0.00	Income from business	0.00	0.0
Rents and real property income	0.00	0.00	Rents and real property income	0.00	0.0
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0.0
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.0
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.0
Unemployment	0.00	0.00	Unemployment	0.00	0.0
Other Income	0.00	0.00	Other Income	0.00	0.0

Additional Items as Designated, if any

Remarks